

# CITY OF MILPITAS

DEPARTMENT OF BUILDING AND HOUSING



## BELOW MARKET RATE HOUSING PROGRAM APPLICATION

Dear Applicant,

Thank you for your interest in the City of Milpitas' Below Market Rate (BMR) Program. The beginning of the application process determines eligibility and does not guarantee housing. If you meet the eligibility requirements and wish to proceed, additional documents may be required. The requirements to participate in the program are outlined below:

- The Below Market Rate program is for first-time homebuyers, meaning you, as the applicant and your spouse or co-applicant(s), have not owned a home during the 3-year period prior to date of the application, nor have your name on any deed or title of a home.
- It is an owner-occupied program. The home will not be rented or leased out. Sale, transfer, and/or refinancing of the property must be done with the City's consent.
- The program is designated for very-low, low- and moderate income households. The entire household must meet very-low, low- or moderate income based on the limits set by U.S. Department of Housing and Urban Development (HUD) and State of California Department of Housing and Community Development (HCD), subject to change each year.
- It is suggested that you and your household must ***make at least very-low-income and cannot exceed moderate income levels***. Please review the attached income limits chart provided by HUD and HCD on the following page
- Your gross income is determined by the calculation of the entire household's gross income, meaning all adults over 18. The household must submit copies of the prior year's tax returns, 3 consecutive months of bank statements, W-2s, and at least 2 months of current, consecutive paystubs – ***please do not send originals***.
- All persons residing in the household over the age of 18 must include copies of all the listed items in the next page. The checklist is for you to ensure that all necessary documentation is included.

You do not need to follow up unless you decide to be removed from the waiting list or your contact and income information has changed.

Any false claims, omissions of assets or income to obtain eligibility will dismiss your household and application from the City of Milpitas and will be ineligible to purchase a home through the City program or subject to potentially losing your purchased BMR home.

If you have any questions pertaining to this application, please contact:

**Sara Court, Housing Planner**

Phone: 408-586-3269 | Email: [scourt@ci.milpitas.ca.gov](mailto:scourt@ci.milpitas.ca.gov)

Mail or drop off **completed** applications to (no email applications are accepted):

**Attention: BMR Applications  
City of Milpitas  
455 E. Calaveras Blvd.  
Milpitas, CA 95035**

## **FY 2019 INCOME LIMITS SUMMARY**

HUD and HCD set income limits that determine eligibility for assisted housing programs. HUD/HCD develops income limits based on Median Family Income estimates and Fair Market Rent area definitions for each metropolitan area, parts of some metropolitan areas, and each non-metropolitan county.

		Number of Persons in Household							
	Income Category	1	2	3	4	5	6	7	8
<b>Santa Clara County HUD FMR Area</b>	Extremely Low (30%)	\$30,750	\$31,150	\$39,550	\$43,900	\$47,450	\$50,950	\$54,450	\$57,950
	Very Low (50%)	\$51,250	\$58,550	\$65,850	\$73,150	\$79,050	\$84,900	\$90,750	\$96,600
	Low (80%)	\$72,750	\$83,150	\$93,550	\$103,900	\$112,250	\$120,550	\$128,850	\$137,150
	Median (100%)	\$92,000	\$105,100	\$118,250	\$131,400	\$141,900	\$152,400	\$162,950	\$173,450
	Moderate (120%)	\$110,400	\$126,150	\$141,950	\$157,700	\$170,300	\$182,950	\$195,550	\$208,150
4-Person Area Median Income: <b>\$131,400</b>									

*\*Income limits are subject to change annually and will affect the determination of the applicant's income*

## **PREFERENCE IN SELECTION PROCESS**

The City of Milpitas shall give the following preference(s) in reviewing all affordable housing applications:

1. Families of veterans and servicemen and women;
2. Persons that have been displaced by public or private action;
3. People that live in Milpitas (at least 90 days);
4. People that work in Milpitas;
5. People who live in Santa Clara County (at least 90 days)

Proof will be required for the above preferences – for example, a copy of the applicant's military identification card, utility bills indicating residence in Milpitas/Santa Clara County, employment verification, and/or verification of public or private action displacement. **Preferences must be current and apply to at least one person who will be living in the household at least 50% of the time.**

## **CHECKLIST FOR SUBMISSION**

Before submitting your Below Market Rate Application to the City, please ensure you have included the following in your application packet:

- ☐ Completed application of all person(s) that would be living in the home at least 50% of the time
- ☐ Copy of most recent tax return(s)
- ☐ Most current and consecutive 3 months of statements of **ALL** assets (i.e. checking, savings, CDs, mutual funds, stocks, IRA) of all individuals over 18.
- ☐ Most current and consecutive 2 months of paystubs from all individuals in the home including part-time and temporary employees, regardless of age
- ☐ Copy of recent two years w-2s
- ☐ **If applicable and filing for families of veterans and service men and women preference:** copy of military identification card or other supporting documents
- ☐ **If applicable and filing for persons that have been displaced by public or private action preference:** verification of displacement
- ☐ **If applicable and filing for Milpitas residency preference:** verification of Milpitas residency (i.e. utility bill, water bill etc.) is needed
- ☐ **If applicable and filing for Milpitas employment preference:** verification of employment in Milpitas is needed
- ☐ **If applicable and filing for people who live in Santa Clara County:** verification of Santa Clara County residency (i.e. utility bill, water bill, etc.) is needed
- ☐ Anyone over the age of 18 who is unemployed will need to complete the Unemployed/No-Income Affidavit (attached)

**If you are self-employed (or paid by commission), in addition to the items above, please provide:**

- ☐ Most current two years filed federal tax return, with first two pages plus Schedule A
- ☐ Most current and consecutive 3 months of paystubs, year-to-date earnings
- ☐ Most current and recent two years of 1099 forms



# CITY OF MILPITAS

## APPLICATION FOR BELOW MARKET RATE (BMR) OWNERSHIP

TODAY'S DATE: \_\_\_\_\_

TOTAL HOUSEHOLD SIZE: \_\_\_\_\_ ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

### HEAD OF HOUSEHOLD'S/APPLICANT'S/HOUSEHOLD MEMBER #1

LAST NAME:	FIRST NAME:
HOUSEHOLD STATUS (SINGLE, MARRIED, OR DIVORCED):	CONTACT PHONE:
EMAIL ADDRESS:	DATE OF BIRTH:
PRESENT ADDRESS STREET: _____ CITY: _____	

### SOURCE OF INCOME INFORMATION

EMPLOYER OR SOURCE OF INCOME:	DATE OF EMPLOYMENT OR START DATE OF INCOME:
NAME AND ADDRESS OF EMPLOYER STREET: _____ CITY: _____	
EMPLOYER'S PHONE:	DATES OF EMPLOYMENT START DATE:    /    / END DATE OR LIST PRESENT:    /    /
FREQUENCY OF PAY (CIRCLE ONE): <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	GROSS ANNUAL INCOME: \$ _____

DO YOU HAVE AN ADDITIONAL FORM OF INCOME OR EMPLOYMENT? ☐ NO ☐ YES, PLEASE SEE PAGE 5.

### ASSETS (I.E. BANK ACCOUNT, SAVINGS, CD, MUTUAL, 401K, 403B, IRA ETC.)

BANK/INSTITUTION	TYPE OF ASSETS	ENDING BALANCE

**CO-APPLICANT/SPOUSE/HOUSEHOLD MEMBER #2**

LAST NAME:	FIRST NAME:
HOUSEHOLD STATUS (SINGLE, MARRIED, OR DIVORCED):	CONTACT PHONE:
EMAIL ADDRESS:	DATE OF BIRTH:
PRESENT ADDRESS STREET: CITY:	

**SOURCE OF INCOME INFORMATION**

EMPLOYER OR SOURCE OF INCOME:	DATE OF EMPLOYMENT OR START DATE OF INCOME:
NAME AND ADDRESS OF EMPLOYER STREET: CITY:	
EMPLOYER'S PHONE:	DATES OF EMPLOYMENT  START DATE:    /    / END DATE OR LIST PRESENT:    /    /
FREQUENCY OF PAY (CIRCLE ONE): <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	GROSS ANNUAL INCOME:  \$
DO YOU HAVE AN ADDITIONAL FORM OF INCOME OR EMPLOYMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES, PLEASE SEE PAGE 6.	

**ASSETS** I.E. BANK ACCOUNT, SAVINGS, CD, MUTUAL, 401K, 403B, IRA ETC.

BANK/INSTITUTION	TYPE OF ASSETS	ENDING BALANCE

**HOUSEHOLD COMPOSITION**

TOTAL HOUSEHOLD SIZE (INCLUDE EVERYONE LIVING IN THE HOUSEHOLD MORE THAN 50% OF THE TIME):

NAME	DATE OF BIRTH	RELATIONSHIP

ARE THERE HOUSEHOLD MEMBERS THAT ARE NOT THE APPLICANT OR CO-APPLICANT OVER AGE 18?

☐ NO   ☐ YES, PLEASE SEE PAGE 4

**PLEASE NOTE THAT YOU MUST BE ABLE TO PROVIDE AT LEAST 10% OF THE SALES PRICE OF THE HOME AS DOWN PAYMENT. A CITY LOAN, IF PROVIDED, CANNOT BE INCLUDED AS PART OF YOUR DOWN PAYMENT. PLEASE IDENTIFY THE SOURCE OF FUNDS FOR YOUR DOWN PAYMENT FOR THE UNIT:**

--

**IF GIFT SUPPORT IS BEING USED, MUST INCLUDE GIFT LETTER AMOUNT AND BANK STATEMENT SHOWING THE AMOUNT:**

GIFT SUPPORT FROM:	AMOUNT GIFTED:

## **PREFERENCES**

**SELECT THE PREFERENCE(S) YOU ARE ELIGIBLE FOR:**

- ☐ I and/or my family are veteran(s) and/or serviceman/servicewoman
- ☐ I have been displaced by public or private action
- ☐ I live in Milpitas (minimum of 90 days to be eligible)
- ☐ I work in Milpitas
- ☐ I live in Santa Clara County (minimum of 90 days to be eligible)

**\*PLEASE ATTACH VERIFICATION DOCUMENTATION IF A PREFERENCE HAS BEEN INDICATED (SEE SECTION TITLED "CHECKLIST FOR SUBMISSION")**

### ADDITIONAL PAGE AS NEEDED

THIS IS TO BE FILLED OUT IF THERE ARE ADDITIONAL HOUSEHOLD MEMBERS OVER THE AGE OF 18 AND IF YOU HAVE ANOTHER JOB NOT LISTED ABOVE AND/OR ADDITIONAL INCOME. PLEASE DUPLICATE AS NEEDED.

#### HOUSEHOLD MEMBER #3

LAST NAME:	FIRST NAME:
HOUSEHOLD STATUS (SINGLE, MARRIED, OR DIVORCED):	CONTACT PHONE:
EMAIL ADDRESS:	DATE OF BIRTH:
PRESENT ADDRESS STREET:	CITY:

#### EMPLOYMENT OR INCOME INFORMATION

ADDITIONAL INCOME SOURCE (I.E. SSI, RETIREMENT, UNEMPLOYMENT, WELFARE, GIFT SUPPORT, ARMED FORCES STIPEND/INCOME, BUSINESS INCOME, INTEREST & DIVIDENDS ETC.):	DATE OF EMPLOYMENT OR START DATE OF INCOME:
NAME AND ADDRESS OF EMPLOYER STREET:	CITY:
EMPLOYER'S PHONE:	DATES OF EMPLOYMENT  START DATE:    /    / END DATE OR LIST PRESENT:    /    /
FREQUENCY OF PAY (CIRCLE ONE): <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	GROSS ANNUAL INCOME:  \$

#### ASSETS I.E. BANK ACCOUNT, SAVINGS, CD, MUTUAL, 401K, 403B, IRA ETC.

BANK/INSTITUTION	TYPE OF ASSETS	ENDING BALANCE

## ADDITIONAL ASSET TABLE AS NEEDED

**ASSETS** I.E. BANK ACCOUNT, SAVINGS, CD, MUTUAL, 401K, 403B, IRA ETC.

HOUSEHOLD MEMBER	BANK/INSTITUTION	TYPE OF ASSETS	ENDING BALANCE



The undersigned certifies that all the information provided is true and complete. Any discrepancies or omissions later found may be grounds for disqualification. The undersigned agrees to provide the City of Milpitas with all the necessary information (verification of employment, credit, income, bank and savings account records, etc.) for the purpose of determining eligibility. The undersigned agrees to comply with all the required rules and regulations should he/she be approved. Any false documentation submitted (discovered now or later in the review process) shall be grounds for disqualification. Please Note: The submittal of your application to the City of Milpitas does not guarantee that your application will be eligible for the affordable housing units. All eligible applicants will be notified regarding the status of their application.

Applicant's Signature (Household Member #1): \_\_\_\_\_

Date: \_\_\_\_\_

Co-applicant's Signature (Household Member #2): \_\_\_\_\_

Date: \_\_\_\_\_

Co-applicant's Signature (Household Member #3): \_\_\_\_\_

Date: \_\_\_\_\_

**City of Milpitas**  
**Below Market Rate Program**

**UNEMPLOYED/NO-INCOME AFFIDAVIT**

Date: \_\_\_\_\_

I (name here) \_\_\_\_\_, am not presently employed and not currently receiving any form of income and will not file for unemployment benefits nor receiving any other types of benefits (i.e. SSI, SSA, EDD etc.) as of today and not projected to in the upcoming year. I, acknowledge and understand that if I do receive income or accept a job, I must notify City of Milpitas' Housing Staff right away of my income change.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

## OPTIONAL QUESTIONNAIRE

Please help us ensure that we are assisting all people of Milpitas by answering the following optional questions. This portion in no way or form will affect your eligibility in qualifying or disqualifying for housing nor will it increase or decrease your position on the waiting list. Your individual answers will be kept confidential and only be used for statistical analysis.

Please circle one:

- |  |      |        |       |                      |
|--|------|--------|-------|----------------------|
| <b>1. Which best describe your gender?</b> | Male | Female | Other | Choose not to answer |
|--|------|--------|-------|----------------------|

- |  |         |            |         |   |
|--|---------|------------|---------|---|
| <b>2. What language would best help you with this application, other than English?</b> | Chinese | Vietnamese | Spanish | Other, not listed (please write in language): |
|--|---------|------------|---------|---|

- |  |                  |                |        |        |
|--|------------------|----------------|--------|--------|
| <b>3. I heard about Milpitas' BMR Program through:</b> | Friends & Family | City's Website | Google | Other: |
|--|------------------|----------------|--------|--------|

- |   |              |  |                    |        |
|---|--------------|--|--------------------|--------|
| <b>4. What has prevented you from seeking homeownership before?</b> | Down payment | Availability of affordable housing stock | Uncertainty of job | Other: |
|---|--------------|--|--------------------|--------|